

**Maroa-Forsyth Middle School**  
***Prearranged Absence***

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Student' Name \_\_\_\_\_

Parent's or Guardian's  
Signature \_\_\_\_\_

**Prearranged absence requested for the following dates:**

\_\_\_\_\_

**Reason for request:**

\_\_\_\_\_

**\*\*\*\*\* Please return this form to the office once all teachers have signed off \*\*\*\*\***



*Teacher's Signatures*

\_\_\_\_\_ 1<sup>st</sup> Hour

\_\_\_\_\_ 2<sup>nd</sup> Hour

\_\_\_\_\_ 3<sup>rd</sup> Hour

\_\_\_\_\_ 4<sup>th</sup> Hour

\_\_\_\_\_ 5<sup>th</sup> Hour

\_\_\_\_\_ 6<sup>th</sup> Hour

\_\_\_\_\_ 7<sup>th</sup> Hour

\_\_\_\_\_ 8<sup>th</sup> Hour